

EXHIBIT 4



TRANSPERFECT | TRANSLATIONS

AFFIDAVIT OF ACCURACY

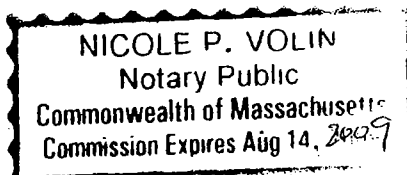
This is to certify the attached document, blank Distributor Application, has been translated from Hebrew into English by staff members of TransPerfect Translations familiar with both the English into Hebrew languages and is to the best of our knowledge, ability and belief, a true and accurate translation.


Susan Christian

TransPerfect Translations, Inc.
15 Broad St., Suite 305
Boston, MA 02109

Sworn to before me this
5th day of May 2004


Signature, Notary Public



Stamp, Notary Public

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SAN FRANCISCO
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WASHINGTON, DC

הכנס את ההתקן הלבן והירוק בלבד למעטפת הירוקה המצורפת ושלה להרכיב. H.P.H PRODUCTS LTD. יליד מחלקת ושומרת
ENCLOSE WHITE AND GREEN COPIES ONLY IN GREEN ENVELOPE PROVIDED AND MAIL TO H.P.H PRODUCTS LTD. - ATTENTION RECORDERS DEPARTMENT

פרטי המבקש

שם פרטי First name

שם משפחה Last name

רחוב Street Address

עיר City

מדינה State

מיקוד Zip Code

אזור אזור Area Code

טלפון Telephone No.

תאריך לידה (אם מוגדר) (Date of birth, if defined)

מדינת מגורים קבועה, או שונה מהמסומן לעיל Country of Permanent Legal Residence, different from above

ע. עובדת
א. אזרחית

I.D. No.

פרטי הקדמה

שם התורן.....
Sponsor's name.....
רחוב.....
Street address.....
עיר.....
City.....
מדינה.....
State.....
מיקוד.....
Zip.....
תא. של התורן.....
Sponsor's I.D. No.....
מס' טלפון של התורן.....
Sponsor's telephone no.....

1957-1958

עם דחמיס מפקח
Supervisor's name
רחוב
Street address
עיר
City
מדינה
State
מיקוד
Zip
ת.ו של מפקח
Supervisor's ID No
פס סלון על שם מפקח
Supervisor's telephone no

FCB OFFICE USE ONLY לצרכי משרד בלבד
 16-016371
 מספר חמקש (מפוי) ב"הרכלי"ק
 No. Applicant In "HERBALIFE"

Name applicant and all your up-line Sponsors
 between you and your 1st up-line Supervisor
 שם המבקש וכל הזונכים בסדר עולה ביין לבין
 המפיק מפקח הראשון.
 מבקש

Applicant	חונך ראשון
1st Sponsor	ת.ז.
I.D.	חונך שני
2nd Sponsor	ת.ז.
I.D.	חונך שלישי
3rd Sponsor	ת.ז.
I.D.	חונך רביעי
4th Sponsor	ת.ז.
I.D.	מפיק מפקח ראשון
1st Supervisor	ת.ז.
I.D.	

הסכום: 100,000 ₪

[illegible]

HERBALIFE 0002

חתימת המבקש...

Herbalife, H.P.H. Products, Ltd.
 3 Basel Street, Petah-Tikva
 P.O. Box 3452 Kiryat-Arieh, Petah-Tikva 49130
 Telephone: 03-9244433, 9232555; Fax: 03-9243678

Distributor Application Form

Insert the white and green copies only into the provided green envelope and mail to Herbalife, H.P.H. Products, Ltd., to the attention of Records Department.

Applicant Information

For office use only

16-016371

Applicant (distributor) number
 at "Herbalife"

Name of applicant and all sponsors
 in ascending order between you
 and the first supervisor.

Applicant: _____

First sponsor: _____

I.D.: _____

Second sponsor: _____

I.D.: _____

Third sponsor: _____

I.D.: _____

Fourth sponsor: _____

I.D.: _____

First supervisor: _____

I.D.: _____

H. _____
 E. _____
 First name Last name
 H. _____
 E. _____
 Street address
 City State Zip code
 Area code Phone No. Date of birth (if under 16)
 H. _____
 E. _____
 Current address, if different from above

Supervisor Information

Supervisor's name: _____
 Street address: _____
 City: _____
 State: _____
 Zip code: _____
 Supervisor's I.D. no.: _____
 Supervisor's phone no.: _____

Sponsor Information

Sponsor's name: _____
 Street address: _____
 City: _____
 State: _____
 Zip code: _____
 Sponsor's I.D. no.: _____
 Sponsor's phone no.: _____

Distribution Agreement

The undersigned (hereinafter "the distributor") hereby declares, certifies and commits to Herbalife, H.P.H. Products, Ltd. as follows:

1. A. To run his own independent business.
 B. To purchase products of Herbalife, H.P.H. Products, Ltd. under the terms and prices that will be instituted by Herbalife, H.P.H. Products, Ltd. from time to time.
 C. To act and promote sales of the products that were purchased in accordance with the policy of Herbalife, H.P.H. Products, Ltd. as it will be instituted from time to time, whether himself or via others.
 D. To purchase products of Herbalife, H.P.H. Products, Ltd. in accordance with the payment terms that will be determined by Herbalife, H.P.H. Products, Ltd. only, both himself and the distribution system that is run by him or through him.
 E. To follow all the laws, policies and rules of Herbalife, H.P.H. Products, Ltd., to follow all the rules and regulations in each and every state in which he conducts his business as if he signed this agreement in that state itself, and to sign the same distributor application form whenever he is required to do so, and by Herbalife, H.P.H. Products, Ltd. as required in that state.
 F. To not purchase and/or to not deal and/or to not be involved in any way and/or in any manner himself and/or via others directly and/or indirectly with any similar and/or identical and/or competing product with products of Herbalife, H.P.H. Products, Ltd.
2. It is hereby declared and agreed specifically that the distributor is an independent contractor in every way. He is not employed by Herbalife, H.P.H. Products, Ltd. and there are no employer-employee relations between him and Herbalife, H.P.H. Products, Ltd. In addition, it is hereby declared that the distributor is not a delegate and/or agent and/or a legal representative of Herbalife, H.P.H. Products, Ltd. in any way directly and/or indirectly.
3. Herbalife, H.P.H. Products, Ltd. will make a reasonable effort to supply the distributor with its products based on his orders according to the terms that Herbalife, H.P.H. Products, Ltd. will institute from time to time.
4. A. Herbalife, H.P.H. Products, Ltd. will be entitled to discontinue this contact in a case when the distributor will violate the terms of the agreement and/or will not meet a term and method of payment as required by Herbalife, H.P.H. Products, Ltd. from time to time.
 B. It is also agreed that Herbalife, H.P.H. Products, Ltd. will be entitled at any time and according to its sole judgment, to suspend and/or terminate this agreement by a one-sided notice from Herbalife, H.P.H. Products, Ltd. to the distributor in writing 30 days in advance, whenever Herbalife, H.P.H. Products, Ltd. has a reasonable basis and/or a reasonable reason to believe that the distributor violated a term and/or a rule of this agreement and of the Herbalife, H.P.H. Products, Ltd. rules, as the terms and rules will be instituted from time to time.
5. The distributor hereby declares and agrees that his signature on this document and purchasing the distributor kit are necessary in order for him to become a distributor.
6. In the event that a clause from the clauses of the agreement is found to be non-enforceable and/or invalid, it will not damage the other clauses of the agreement and/or its validity.
7. I understand that signing this agreement and purchasing a distribution kit are all that is needed in order to become a distributor.
8. A current distributor guide of Herbalife, H.P.H. Products, Ltd. is enclosed to this agreement and it applies to the sides in this agreement.
9. This agreement connects and benefits both sides, the matters of their heirs and their successors. If a clause from the clauses in this agreement is found to be non-enforceable or invalid, the validity of the remaining clauses will not be affected by it.
10. Anywhere in the agreement where my commitment appears, it also applies to the entire operated system and/or that will be operated by me and/or under me, and my responsibility includes them as well.

Applicant's signature: _____

HERBALIFE 0002